



MAY 5 2003 3:33PM

NO. 3609 - P. 2

## PART B - FEE(S) TRANSMITTAL

MAY 5 2003

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE  
 Commissioner for Patents  
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CURRENT CORRESPONDENCE ADDRESS (If not same as my name on the back)

27581 7590 03/24/2003

MEDTRONIC, INC.  
 710 MEDTRONIC PARKWAY NE  
 MS-LC340  
 MINNEAPOLIS, MN 55432-5604

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Barbara J. Lakanen	(Depositor's name)
Barbara J. Lakanen	(Signature)
5-5-2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/844,220	04/26/2001	David E. Prusickelli	P-8922.02 CIP	1435

TITLE OF INVENTION: SYSTEM AND METHOD FOR ASSESSING TRANSMURALITY OF ABLATION LESIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1300	\$300	\$1600	05/24/2003
EXAMINER	ART UNIT	CLASS-SUBCLASS			
KEARNEY, ROSILAND STACIE	3739	600-034000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Thomas G. Berry
Daniel W. Latham
2
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Medtronic, Inc.

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minneapolis, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee  
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 Advance Order - # of Copies 10

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(Authorized Signature)

(Date)

5/5/2003

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PTOL-85 (REV. 04-02) Approved for use through 01/31/2004. CMB 0651-0033

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